PICISE117 (6.03)

U.S. Palent and Takeproved for use through 66/30/2010, 600 8694-9032

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U.S. Palent and Takeproved for U.S. DEPARTMENT OF COMMERCE

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U.S. DEPARTMENT OF COMMERC Effective on 12/08/2004 Complete if Known

Fees pursuant to the	Complete il valouri							
FEE TRANSMITTAL					pplication Number 10/584,876			
				Filing Date		06/29/2006		
For FY 2009				First Named In Examiner Nam		BONNET, A.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	Name PAUL, Jessica Marie			ie
TOTAL AMOU	INT OF PAYMEN	r (\$)	\$130.00	Attorney Dock	ret No		M2003NP	
TOTAL AMOU	INT OF PATMEN	197	\$130,00	Attorney Dock	der No.	FR-A	W12003INP	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identity):								
Deposit Account Deposit Account Number: 01-2717 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filling fee								
Charge any additional fee(s) or any underpayments of Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAM							IATION FEES	;
A - alto ation Ton	- F (*)	Small Entity Fee (\$)		Small Entity			Small Entity	
Application Typ Utility	e <u>Fee (\$)</u> 330	165	Fee (\$) 540	Fee (\$) 270		e (\$) 220	Fee (\$) 110	Fees Paid(\$)
Design	220	110	100	50		140	70	
Plant	220	110	330	165		70	85	
Reissue	330	165	540	270		350	325	
Provisional	220	110	0	0		0	0	
Fee Description								Small Entity Fee (\$)
Each claim over 20 (Including Reissues)							52	26
Each independent claim over 3 (including Reissues)								110
Multiple dependent claims 390								195
Total Claims	Fotos Olo		**	F D-14 (6)				Dependent Claims
	or HP =			Fee Paid (\$)			Fee (\$)	Fee Paid (\$)
HP ≈ highest number		x, if greater than	\$52.00 =	00.02				
Indep. Claims	Extra Cla	ims Fee (5)	Fee Paid (\$)				
3 or HP = x\$220,00 =\$0.00								
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /500 (round up to a whole number) x \$276.00 = \$0.00								
4. OTHER FEE(S) Fee Paid (5)								
Non-English specification, \$130 fee (no small entitly discount) Other (e.g., late filling surcharge): one month Extension of Time \$130,00								
SUBMITTED BY								
Signature	They	DU		egistration No. domey/Agent)	42,1	10	Telephone	215-419-7314
Marne (Print/Tune)		The	mas F Poles	nd			Date	Tuna 17, 2010

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minuted by the process of the collection is estimated to take 30 minuted by the process of the collection is estimated to take 30 minuted by the collection is estimated to take 30 minuted by the collection is estimated to take 30 minuted by the collection is estimated to take 30 minuted by the collection is estimated to take 30 minuted by the collection is estimated to take 30 minuted by the collection is estimated by the collection is estimated to take 30 minuted by the collection is estimated